Miller (J. S.)

A CASE OF EXTENSIVE RECURRENT SARCOMATOUS DISEASE.

READ BEFORE THE PHILADELPHIA COUNTY MEDICAL SOCIETY, MAY 20, 1885.

—BY—

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Assistant in Surgical Clinic, Jefferson Medical College Hospital.

C. S., aged 65, German, presented himself at the surgical dispensary of the German Hospital, on April 23, 1883, and gave the following history:—

During childhood he fell from a tree, and injured his arm in the region of the inner condyle of the right humerus; this part remained morbidly sensitive thereafter, and whenever it was struck, would cause him severe pain, which usually lasted from ten to fifteen minutes. When about 28 years of age, while engaged at work as a carpenter, he fell from a building, and again injured the arm in the same region. He was disabled from pursuing his occupation for four months. From this time the tenderness of the affected part was greater than before. The patient is positive that on neither occasion did he sustain a fracture, dislocation, or synovitis of the elbow-joint.

About July, 1882, he was suddenly seized with violent shooting pains, which extended down the arm to the fingers; two weeks later he first noticed a solid, painful swelling on the inner side of the elbow; there was no intermission in the development of the growth, and it rapidly assumed the size of a large orange. On April 29, 1883, Dr. F. H. Gross amputated the arm in the upper third. Dr. J. M. Barton made a microscopical examination of the tumor, and found it to be a periosteal spindle-celled sarcoma, with some round cells intermixed. The patient made a rapid recovery.

Four months later, in the same year, the patient consulted me for excessive pain in the stump; the part was swollen but no tumor could be outlined. From my previous knowledge of the case, and a study of the concurrent symptoms, I concluded that it was due to a recurrence of the disease, rather than a neuroma, and therefore advised amputation at the shoulder-joint. The

patient delayed in giving consent to an operation until March, 1884. In the meanwhile the tumor made great progress.

On March 30, 1884, I amputated the arm at the shoulder-joint, the anterior and posterior flaps being made entirely of skin, in order to get as far as possible away from the disease. Strict antiseptic precautions were observed during and after the operation. On the second day his temperature rose to 100°, and after that remained at or near normal. The first dressing (sublimated gauze, 1–2,000) was removed on the fifth day, and the wound found perfectly aseptic; the treatment of the wound by the closed method was continued, and the dressings were never removed under four days. The wound healed promptly and the ligature (No. 14 iron-dyed silk) came away on the twenty-first day. The patient made a rapid recovery.

On November 15, 1884, he again applied to me for relief, the disease manifesting itself again at the site of the amputation. The tumor was as large as a child's head, very tense, with various points of apparent fluctuation; the pain was most excruciating; he took $\frac{3}{4}$-grain doses of morphia which afforded relief for four or five hours only. On November 18th, I incised the skin over the tumor to relieve the tension; this was followed by gratifying relief, and for a week he felt comparatively comfortable. While straining at stool there was a sudden gush of blood, which soon reduced him to a state of syncope. Evidently the disease had attacked the axillary artery or one of the enlarged branches thereof; further hemorrhage was controlled by pressure on the subclavian artery with a padded key which was kept in readiness in anticipation of this emergency; efforts were made to find the bleeding vessel, but in vain. Owing to the grave condition of the patient, it was not deemed proper to ligate the subclavian artery at once; compression was continued with the key for eight hours. In the meanwhile the patient was stimulated and fed; his condition being now more favorable, was etherized; all of the broken-down mass was removed with a tablespoon which answered excellently as a curette; pressure was made in the bottom of the wound, which, however, did not control the hemorrhage thoroughly; I then hurriedly ligatured the subclavian in the third portion of its course, as the patient showed signs of cardiac failure.

The wound was dressed with iodoform gauze and gutta-percha

tissue. This dressing was removed on the fifth day, and the wound had healed by first intention. On the sixth day, during the temporary absence of the nurse, he went down-stairs, and promenaded around the yard; he did not deem it necessary to remain quiet in bed. On the eighteenth day, the ligature (iron-dyed silk, No. 14) came away. The wound in the shoulder closed over rapidly.

For several months there seemed to be a lull in the repullulation of the growth, but about February 1st of the present year it began to grow rapidly, and the skin over the tumor became ulcerated. About the middle of March, a large slough formed and perhaps one-half of the tumor—a mass resembling particles of goose-fat—was evacuated, and was followed by a copious hemorrhage. The nurse, who had been trained for this emergency, at once applied a large compress with bandages around the chest. The pressure necessary to control the bleeding was so great that he suffered severely from dyspnœa. The patient was then chloroformed; the rest of the tumor rapidly removed, and a napkin saturated with Monsel's solution packed into the cavity. This measure controlled the hemorrhage. Pressure with the hand was continued for six hours, and afterwards with a light retentive dressing. The compress was removed on the fifth day, and the wound found to be both clean and healthy; contrary to expectation, no sloughing had occurred. The wound was thereafter dressed in the ordinary way. In three weeks everything had entirely closed.

The points of interest in this case are—

1. The long continuance of the exciting cause.
2. The increased rapidity in the development of the disease after each operation.
3. The remarkable vitality of the patient.

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